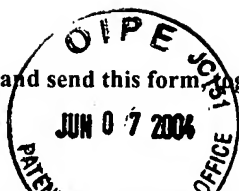


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Complete and send this form together with applicable fee(s), to: Mail

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7590

04/22/2004

David C. Ripma
 Patent Counsel
 Sharp Laboratories of America, Inc.
 5750 N.W. Pacific Rim Boulevard
 Camas, WA 98607

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David C. Ripma, Reg. #27,672 (Depositor's name)
 (Signature)
 June 2, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/621,845	07/16/2003	Apostolos T. Voutsas	SLA0814 (SLA0601D)	1786

TITLE OF INVENTION: THIN-FILM TRANSISTORS FORMED ON A FLEXIBLE SUBSTRATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARRISON, MONICA D	2829	257-288000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 David C. Ripma
 2 Matthew D. Rabdau
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sharp Laboratories of America, Inc. Camas, Washington

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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(Authorized Signature) David C. Ripma, Reg. #27,672 (Date) 06/02/04

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06/09/2004 EFLDRES1 00000026 191457 10621845

01 FC:1501 1330.00 DA
 02 FC:1504 300.00 DA
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